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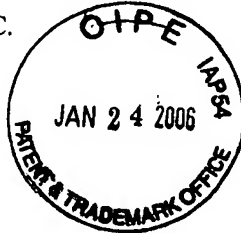
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27572 7590 10/26/2005

**HARNESS, DICKEY & PIERCE, P.L.C.
P.O. BOX 828**

01/27/2006 ADDRESS 00000010 10698030

01 FC:2501 700.00 OP
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03 FC:8001 30.00 OP



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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| |
|--------------------|
| (Depositor's name) |
| (Signature) |
| (Date) |

| APPLICATION NO. * | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-------------------|-------------|----------------------|---------------------|------------------|
| 10/698,030 | 10/30/2003 | John H. Kidd | 4226-000047 | 7123 |

TITLE OF INVENTION: METHOD FOR ASSESSING FIT AND ALIGNMENT OF A MANUFACTURED PART

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$700 | \$300 | \$1000 | 01/26/2006 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|--------------|----------|----------------|
| KASSA, YOSEF | 2623 | 382-141000 |

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Harness, Dickey & Pierce,
P.L.C.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Perception, Inc.

Plymouth, Michigan

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee \$700
☒ Publication Fee (No small entity discount permitted) \$300
☒ Advance Order - # of Copies 10 - \$30

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.
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☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Christopher M. Brock

Date January 24, 2006

Typed or printed name

Christopher M. Brock

Registration No. 27313

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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PTO/SB/21 (04-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

| | | |
|---|------------------------|---------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/698,030 |
| | Filing Date | 10/30/2003 |
| | First Named Inventor | John H. Kidd et al. |
| | Art Unit | 2623 |
| | Examiner Name | Kassa, Yosef |
| Total Number of Pages in This Submission | Attorney Docket Number | 4226-000047 |

ENCLOSURES (check all that apply)

| | | |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fee(s) Transmittal (PTOL-85); and postcard. |
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Remarks

The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | | | |
|-------------------------|----------------------------------|---------------|----------------------|----------|-------|
| Firm or Individual name | Harness, Dickey & Pierce, P.L.C. | Attorney Name | Christopher M. Brock | Reg. No. | 27313 |
| Signature | | | | | |
| Date | January 24, 2006 | | | | |

CERTIFICATE OF TRANSMISSION/MAILING

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|-----------------------|----------------------|------------------------|-------------------------------|
| Typed or printed name | Christopher M. Brock | Express Mail Label No. | EV 717 344 106 US (1/24/2006) |
| Signature | | Date | January 24, 2006 |

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